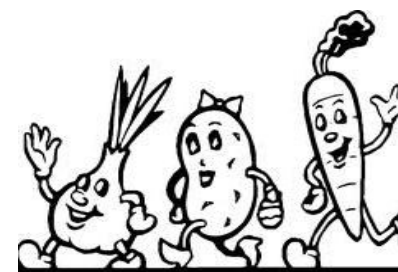




Family: _____

Classroom(s): _____



Fruits and Veggies

Family Member	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Servings
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F = Fruit Serving (2 servings per day)

V = Vegetable Serving (3 per day)

Please return this tracking slip to school on: _____

Parent Signature: _____